



ALCOHOL BEVERAGE ESTABLISHMENT, NEW LICENSE INFORMATION

OFFICE OF THE CITY CLERK-LICENSE DIVISION
200 E WELLS ST, ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

This information was created to assist persons filing applications to hold alcohol beverage retail establishment licenses. This brief overview does not replace the applicant's responsibility to review Chapter 90 of the Milwaukee Code of Ordinances ("MCO") related to alcohol beverage regulations and licensing requirements.

A copy of the complete alcohol beverage regulations and licensing requirements established in Chapter 90, MCO is available at www.milwaukee.gov/ordinances

►QUALIFICATIONS, CLASSIFICATIONS, KEY DEFINITIONS. See s. 90-1, MCO, for key definitions, s. 90-4 for classifications of licenses, and s. 90-6 for license qualifications related to age and residency.

►APPLICATION CERTIFICATION. Effective 7/1/10, the Office of the City Clerk—License Division must certify that your application is complete before your application can be referred to the licensing committee for its recommendation as to whether or not your license should be issued. Certification of your application as complete cannot be made until 10 days after all of the following has occurred:

1. Completed application has been properly filed by the applicant.
2. Neighborhood has been notified by our office of your application.
3. Sworn Assurance form has been properly filed with our office by the applicant (see step 18).

►HEARING SCHEDULED WITHIN 3 CYCLES: Applications are required to be referred to the licensing committee within 3 full cycles of the Common Council (generally 9 weeks) after the date the application was certified as complete.

Keep informed of changes online under "View What's New!" at www.milwaukee.gov/license

Additional References: Ch. 90, Milwaukee Code of Ordinances, www.milwaukee.gov/ordinances; Ch.125, Wis. Stats., www.legis.state.wi.us/rsb/stats.html; WI Department of Revenue, www.dor.state.wi.us/forms/alcohol/index.html

►LIST OF APPLICATIONS, FORMS REQUIRED

1. **Original Alcohol Beverage License Application** (AT-106)
2. **Auxiliary Questionnaire – Alcohol Beverage License Application** (AT-103a)
3. **Addendum to Original Alcohol License Application** (ccl-124)
4. **Plan of Operation** (ccl-pln)
5. **Detailed Floor Plan** required (see instructions on last page of Plan of Operation)
5. **Public Entertainment Premises Application** (ccl-pep1). For Class "B" and "C" applicants only, when applicable.
7. **Statement of Stock Ownership** (ccl-124e) for Corporation or Limited Liability Company applicants.
8. **Schedule for Appointment of Agent** (AT-104) for Corporation or Limited Liability Company applicants.
9. **Application for Cigarette and Tobacco Products License** (CTP-200)
10. **Authorized Representative Statement** (ccl-100a), for license holders who wish someone to pick up the license who is not the licensee; a partner, if a partnership; or agent, officer or member, if a corporation or LLC.

Table 1. Sales and Service Restrictions related to Each Type of Alcohol Beverage Retail Establishment License.

Type of Alcohol Beverage License	Type of Alcohol Beverages Permitted	Consumption on Premises, Restrictions	Sale for Off-Premise Consumption, Restrictions	Permitted Hours of Operation [1]
Class “A” Malt	Beer, Fermented Malt Beverages	Not permitted	Quantities of no more than 4.5 gallons at any one time. [2]	8 a.m. to 9 p.m. [3]
Class “A” Liquor	Wine, Intoxicating Liquors	Not permitted	No restriction on quantity sold.	8 a.m. to 9 p.m.
Class “B” Beer [5]	Beer, Fermented Malt Beverages	By the glass or in an opened original container.	Off-premises sales between 8 a.m. to 9 p.m. only.	Sun. – Thurs.: 6 a.m. to 2 a.m.; Fri. – Sat.: 6 a.m. to 2:30 a.m. [4]
Class “B” Tavern [5]	Beer, Fermented Malt Beverages, Wine, Intoxicating Liquors	Intoxicating Liquor: By the glass only; bottle service not permitted. All Other Alcohol: By the glass or in an opened original container.	Off-premises sales between 8 a.m. to 9 p.m. only. Intoxicating Liquor: Restricted quantities of no more than 4 liters at any one time. Wine (if restaurant): Restricted quantities of no more than 1 bottle at any one time; must be re-corked between 6 a.m. and midnight.	Sun. – Thurs.: 6 a.m. to 2 a.m.; Fri. – Sat.: 6 a.m. to 2:30 a.m. [4]
Class “C” Wine [6]	Wine only	By the glass or in an opened original container. Restricted quantities of no more than 1 bottle at any one time.	Restricted quantities of no more than 1 bottle at any one time; must be re-corked between 6 a.m. and midnight.	Sun. – Thurs.: 6 a.m. to 2 a.m.; Fri. – Sat.: 6 a.m. to 2:30 a.m.

[1] Unless more restrictive hours are established under the plan of operation approved by the Common Council as part of the license.

[2] Limitation of 4.5 gallons does not apply if a Class “A” Liquor license is also held for the same premises by the same entity.

[3] Sales permitted between 8 a.m. to 11 a.m. for certain breweries operating 3rd shifts and selling to employees. See s. 90-15-2, MCO.

[4] On January 1, premises holding Class “B” licenses are not required to close.

[5] “Service Bar Only” Designation: Provides same privileges as Class “B” Beer/Tavern, except all alcohol beverages shall be served only to patrons seated at tables.

[6] Eligibility Restricted: Sale of alcohol beverages must account for less than 50% of gross receipts. See s. 90-4-9-c and d, MCO.

► HOW TO APPLY FOR LICENSE.

Step 1. Complete Original Alcohol Beverage License Application (AT-106).

If applying for the Class “B” Fermented Malt Beverage License and Class “C” Wine License, only one application and publication fee of \$10 is required.

The “Premise description” as listed on the application for question #9 will appear on your license.

Class “B” and “C” applicants Only: If the premises has been licensed before as a Class “B” establishment, and you wish to expand on what was listed as the premises description, ex: add a sidewalk café, a PERMANENT EXTENSION OF PREMISES must be applied for and approved before this area can be utilized.

Step 2. Complete Auxiliary Questionnaire-Alcohol Beverage License Application (AT-103a).

Must be completed by the individual, all partners, the agent of a corporation or limited liability company, all officers and directors of a corporation, and all members of a limited liability corporation.

As part of this form, applicants are required to provide detailed information regarding all arrests and convictions in their application. Failure to do so may result in prosecution.

A detailed arrest and conviction report may be obtained from the Milwaukee Police Department, Open Records Section, 2333 N. 49th Street - 2nd Floor (49th St. between North & Lisbon), if proper identification is presented.

Step 3. Complete Addendum to Original License Application (ccl-124).

Must be completed by the individual, all partners, or the agent.

Step 4. Complete Plan of Operation (ccl-pln).

Establishing Age Distinctions: Effective June 7, 2008, an ordinance has been established that permits Class “B” Tavern operators to restrict by age the patrons allowed in their establishments.

If you wish to request a minimum age restriction, indicate the age in Section 11.

The Licenses Committee and Common Council must first approve any age limit before it can be enforced.

Step 5. Complete Detailed Floor Plan (instructions attached to ccl-pln).

The floor plan must be filed on 8 ½ X 11 inch sized paper. A separate sheet of paper must be filed for each floor included in the premises description.

Step 6. Complete Public Entertainment Premises Application (ccl-pep1).

License holders must complete the Public Entertainment Premises Application, in order to apply for entertainment licenses.

The type(s) of entertainment granted will be listed on a certificate that is issued with your license. In order to make changes, a Request to Change the Plan of Operation for a Public Entertainment Premises License must be applied for, approved, and a new certificate issued before you can deviate from the current plan of operation.

Step 7. Complete Statement of Stock Ownership (ccl-124e).

Applicants who are corporations or limited liability companies must complete statement. Recognized charitable or fraternal organizations and hotel operations are exempt from this requirement.

[!] An officer of a corporation or a member of an LLC must sign the statement.

Step 8. Complete Schedule for Appointment of Agent (AT-104).

Applicants who are corporations or limited liability companies must complete schedule.

Step 9. Complete Application for Cigarette and Tobacco Products License (CTP-200).

Applicants who wish to offer cigarettes or tobacco products for sale on the premises must file this application.

Ban on Flavored Cigarettes Enacted: It is illegal to sell fruit-, candy-, or clove-flavored cigarettes. On September 22, 2009, the U.S. Food & Drug

Administration announced a ban on cigarettes with flavors characterizing fruit, candy or clove.

Vending Machines Sales Prohibited: Per a new U.S. Food & Drug Administration rule effective June 20, 2010, it is illegal to sell cigarettes through vending machines.

Step 10. Provide required signatures on all forms.

Depending upon the type of legal entity for which an application is filed, the following persons are required to sign the application forms:

If the legal entity is a(n)...	Then the person(s) required to sign the form is/are....
Individual	The individual applicant.
Partnership	All partners.
Limited Liability Company	One member (agent can sign only if agent is also member of LLC).
Corporation	2 officers, unless corporation has only one officer, then one officer signs (agent can sign only if also an officer of corporation).

Step 11. Provide the required notarizations on all forms.

Commissioned notaries public, including attorneys, must impress notary seals on each page notarized.

[!] Any applications filed without required notarial seals will be returned.

The License Division may notarize your documents, provided the person whose signature is going to be notarized is present. There is a \$.50 per page charge for notarizing documents.

Changes to notarized forms can only be made by the person who signed the form.

(Optional) Step 12. Complete Authorized Representative Statement (ccl-100a).

License holders who wish someone to pick up the license who is not the licensee; a partner, if a

partnership; or agent, officer or member, if a corporation or LLC must complete this form.

Step 13. Copy entire application for records and future reference.

Certain forms are not longer in duplicate form, and no copies will be provided to you.

Step 14. File application and additional required forms with the appropriate license fee.

Restricted Hours, Walk-In Customer Service

Applicants for new alcohol beverage retail establishment licenses wishing to file applications in person rather than by mail, may do so in our office Monday to Friday (except holidays and furlough days) during the following times only:

8:15 a.m. to 12:00 p.m.

1:30 p.m. to 4:00 p.m.

Applicants must have application forms completed prior to arrival. Our office is unable to assist applicants in the completion of the entire application; assistance is limited to answering specific questions regarding completion of the application.

[!] Incomplete applications or those submitted without Proof of Ownership, Lease or Offer to Purchase will not be accepted.

Proof of Identity Required. All persons filing or amending applications in-person, or picking up licenses or permits, must provide proof of identity.

Fees: No license will be issued unless and until the following fee amounts have been paid in their entirety:

License Type	Fee*
Class "A" Malt	\$360
Class "A" Liquor	\$510
Class "A" Liquor and Malt	\$860
Class "B" Beer	\$110
Class "B" Tavern	\$610
Class "C" Wine	\$110
<p>*Fee amounts listed above are for alcohol beverage retail establishment licenses only, and include the \$10 publication fee.</p> <p>See Related Licenses Application (ccl-122c) for other applicable license fees.</p>	

Only the \$10 publication fee must be submitted at the time the renewal application is filed. Make checks payable to: *City of Milwaukee*. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. Credit cards are also accepted online and in-person; cash is accepted from applicants filing in person only.

[!] Applicants are responsible for the timely payment of any outstanding fees. No additional notices or bills will be provided related to payment of fees.

Step 15. File Proof of Ownership or Lease

Applicants must file with the license application documents showing proof of ownership, lease or offer to purchase related to the proposed licensed premises.

Leases or offers to purchase contingent upon the granting of the license are accepted.

Step 16. Post Notice of Public Interest (ccl-143b).

Effective July 1, 2010, all applicants for new alcohol beverage retail establishment licenses are required to post a Notice of Public Interest (form ccl-143b) for the purposes of providing notice to the public that a new application has been filed and that written objections to the granting of the license based on the proposed operation of the licensed

premises can be submitted by any interested party to the Office of the City Clerk-License Division.

See s. 90-5-8-a-2-c, MCO.

The Notice of Public Interest is required to be posted in a conspicuous place viewable to members of the public from the outside of the proposed licensed premises. The posting and maintaining of the notice shall be at the expense of the applicant.

The Notice of Public Interest is required to be posted upon filing of the new application with the Office of the City Clerk-License Division, and shall remain posted until the application is recommended for granting or denial by the Licenses Committee of the Common Council, or withdrawn by the applicant, whichever occurs first.

Replacement Notices of Public Interest are available online at www.milwaukee.gov/license. See "Notice of Public Interest, New Application" on the "Forms" webpage to create and print a replacement notice.

Step 17. File Sworn Assurance (ccl-143c).

Immediately after properly posting Notice of Public Interest, file with the Office of the City Clerk-License Division a sworn assurance related to the posting (form ccl-143c).

The Office of the City Clerk-License Division must certify that your application is complete before your application can be referred to the licensing committee for its recommendation as to whether or not your license should be issued.

Certification of your application as complete cannot be made until 10 days after the sworn assurance form has been filed properly filed.

Step 18. Complete fingerprinting step, if required.

All persons listed on the applications who are agents, officers, and members must be fingerprinted. If a nonprofit corporation, then only the agent must be fingerprinted.

The fingerprinting requirement also applies to stockholders owning 20% or more stock, if a corporation or a limited liability company.

Fingerprinting is conducted each weekday (excluding holidays) between the hours of 8:00

a.m. and 6:00 p.m. at the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305.

If you are unsure if your fingerprints are on file, report to the above address or call (414) 935-7281 for confirmation.

If you do not reside locally, call (414) 935-7430 to find out how to comply with the fingerprint requirement. All fingerprints must be taken or on file prior to the Police Background Investigation.

Step 19. Complete interview and provide proof of residency.

After fingerprints of ALL APPLICANTS have been filed, the individual, all partners, or the agent of the corporation or Limited Liability Company will receive a written notice by mail to contact the Milwaukee Police Department-License Investigation Unit for a telephone interview.

You will be required to provide proof of residency and a signed lease or accepted offer to purchase for the tavern premises.

Note: Failure to comply with the fingerprinting and interview requirements in a timely manner will cause a delay in the certification of your application as complete.

Step 20. Complete Responsible Beverage Server Course.

Individual applicants, each partner, or the agent if a corporation or limited liability company must successfully complete an approved responsible beverage server-training course offered by the Milwaukee Area Technical College (414) 297-8370, or similar approved course (see "Training" on the Wisconsin Department of Revenue's website at www.dor.state.wi.us).

Applicants attending Wisconsin C.A.R.E., T.I.P.S. or N.R. A. must have certificates/diplomas, which indicate that the course complies with 125.04 & 125.17, Wis. Stats.

The server-training course does not need to be completed if one of the following are met:

1. Within the past 2 years, you held a Class "A", or Class "B" Liquor license, or a Class "B" Manager's license in Wisconsin.

2. Within the past 2 years, you held a Bartender's license in Wisconsin.

3. Within the past 2 years, you have already completed the course.

Note: Proof must be submitted to the License Division that a course was completed or if the license held was not issued by the City of Milwaukee.

Step 21. File state Seller's Permit.

A Wisconsin State Seller's Permit (or a clearance slip indicating you have filed for a seller's permit) must be submitted to the License Division. This can be obtained from the Wisconsin State Office Building, 819 N. 6th St., Room 408, or by calling 227-4000, <http://www.dor.state.wi.us/>. Not required for eleemosynary (non profit) organizations.

We cannot issue a license unless the LEGAL NAME on the Seller's Permit is the same as the LEGAL ENTITY NAME applying for the license.

Example: If the licensee applying for the license is ABC, Inc., then the seller's permit must read ABC, Inc. No variations of ABC, Inc. (such as ABC Corporation; ABC Company; ABC, LLC; etc.) can be accepted.

Step 22. File proof of legal entity registration.

Corporation or limited liability company applicants must register with the State of Wisconsin Department of Financial Institutions - Division of Corporate & Consumer Services. If your legal entity has not been registered, then call (608) 261-7577, or visit <http://www.wdfi.org/>.

The legal name registered must be the same as the legal entity name applying for the license. Proof that your registration has been filed and processed by the Department of Financial Institutions must be submitted to the License Division before your license can be issued.

Step 23. Purchase retail dealer's stamp.

Federal Law also requires purchase of retail liquor dealer's stamp. Call 1-800-937-8864 for details, or <http://www.ttb.gov/alcohol/retailers/index.htm>

Step 24. Pay special occupational tax.

Federal Bureau of Alcohol, Tobacco and Firearms: A special occupational tax must be paid before

beginning business. Call 1-800-937-8864 or go to www.ttb.gov for information.

Step 25. Obtain occupancy permit.

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211. See <http://www.mkedcd.org/build/pdfs/occcert.pdf>. The License Division will receive written notification directly from this department when all requirements are met.

[!] Bring a copy of license application to the Development Center for reference. The APPLICANT NAME and SUBJECT ADDRESS on the Certificate of Occupancy application must be the same as indicated on the license application.

Step 26. Get premise inspection.

Health Department inspection of the premises must be made and any deficiencies corrected. Contact the Health Department, 841 N. Broadway, (414) 286-3674, to make an appointment for inspection.

The License Division will receive written notification directly from this department when all requirements are met. Effective April 1, 2011, Food licenses are issued by the License Division.

Step 27. Determine whether other City licenses are required.

Other license and permits may be required.

Applications and information related to the following license and permits can be obtained online at www.milwaukee.gov/license, or from our office:

Class “B” Manager’s License. A Class “B” Manager’s license is required for the person managing the day-to-day operations of the Class B business if that person is not the individual proprietor, partner, or the agent of the corporation or limited liability company.

Class “D” Bartender’s License. The licensee (Individual, Partners, Agent) does not need a bartender’s license. (Officers and members do need a license.)

Members of a Licensee’s family may be exempt if all of the following requirements are met:

1. Premises must be licensed as an individual or partnership.

2. Person must be an immediate family member (spouse, son, daughter, father, mother, mother-in-law, father-in-law, son-in-law, or daughter-in-law) Brothers or sisters are not eligible.

3. Person must be 21 years of age or older. If over age 18 and they do not have their own operator’s license, they must be under the immediate supervision by the licensee, agent, adult member of the licensee’s immediate family, or a person with an operator’s license.

4. Person must be living in the same residence as the license.

5. Exemption is only applicable at the licensed family premises.

► GRANTING OF LICENSES

Step 1. Notice of hearing sent to applicant.

Notice is mailed to applicants who are required to appear before the Licenses Committee for hearings on whether their license applications should be recommended for renewal, nonrenewal or suspension due to neighborhood objections or negative police records.

[!] No regular meetings of the Licenses Committee and Common Council are scheduled during the month of August.

Step 2. Committee recommendation made.

The Licenses Committee makes its recommendation to the Common Council and then the Common Council votes on the recommendation at the next scheduled meeting. (Licenses are not granted by the Licenses Committee.)

Step 3. Holds placed by other city departments.

If all requirements for the Health Department and Department of Neighborhood Services are not met, they will place a hold on the issuance of your license at this time.

Step 4. Common Council grants/denies license.

Licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. Applicants do not appear before the Common Council.

Licenses are valid for one year from the Common Council grant date. Please note that no meetings are held during the month of August.

Step 5. License is issued after holds released.

Applicants, for whom licenses are granted by the Common Council, can be issued on the date of granting, if all license fees have been paid and there are no holds on the issuance of the licenses related to other City departments, Responsible Beverage Server Course requirements, improperly filed State seller's permit or clearance slip, or no proof filed with the License Division that the Corporation or Limited Liability Company is registered with the State of Wisconsin, Department of Financial Institutions.

► PARTIAL REFUND OF LICENSE FEE

If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or nonrenewal of the application.

If a license is not issued, the refund must be requested no later than one year from the date of application, unless the permit has been granted, in which case no later than one year from the date of granting of the license.

The \$10 publication fee is not refundable.

► POSTING OF LICENSES REQUIRED

Licenses and certificates of authorized entertainment must be posted in a conspicuous place on the premises.

FEDERAL TAX RESPONSIBILITIES, WHAT BUSINESS OWNERS NEED TO KNOW

As a business owner, you need to know your federal tax responsibilities. In addition to knowing about federal taxes, you need to make some basic business decisions.

Understanding and complying with tax requirements is a necessary aspect of doing business.

IRS WEB RESOURCES

Starting, Operating or Closing a Business

Whether you are a budding entrepreneur, or an established business owner, you will find everything you need to start and manage your business venture.

<http://www.irs.gov/businesses/small/article/0,,id=110417,00.html>

Business Taxes

The form of business you operate determines what taxes you must pay and how you pay them.

<http://www.irs.gov/businesses/small/article/0,,id=98966,00.html>

Checklist for Starting a Business

This checklist provides the basic steps you should follow to start a business.

<http://www.irs.gov/businesses/small/article/0,,id=98810,00.html>

Employer ID Number

An Employer Identification Number, also known as a Federal Tax Identification Number, is used to identify a business entity.

<http://www.irs.gov/businesses/small/article/0,,id=98350,00.html>

Online Application - Form SS-4

Apply online for the Employer Identification Number <http://www.irs.gov/businesses/small/article/0,,id=102767,00.html>

NON-PROFIT/CHARITABLE ORGANIZATIONS

Non-Profit organizations (tax exempt status) are required to register as (501) (c) (3) Organizations with the Internal Revenue Service, Department of the Treasury. If your legal entity has not been registered call 1 (800) 829-5500, or apply online at <http://www.irs.gov/charities/index.html> the legal name registered must be the same as the legal entity name applying for the license. A copy of your documentation from the Internal Revenue

Service confirming your status as a (501) (c) (3) organization must be submitted to the License Division before your license can be issued.

SMALL BUSINESS RESOURCES

These are just a few of the many government websites with business information.

[Small Business Administration](#) The SBA's Small Business Planner includes information and resources that will help you at any stage of the business lifecycle. <http://www.sba.gov/>

[Social Security Administration](#) Visit Business Services Online; a suite of applications enabling organizations and authorized individuals to conduct business with the Social Security Administration. This includes filing Forms W-2 electronically for free.

<http://www.socialsecurity.gov/>

[U.S. Department of Labor](#) The Employers' page provides information on Wages and Work Hours, Workplace Safety and Health, and Retirement and Health Benefits. <http://www.dol.gov/>

[State Links](#) This IRS.gov link will allow you to connect to your state's website for small business information.

<http://www.irs.gov/businesses/small/article/0,,id=101082,00.html>

[Department of Agriculture - Office of Small & Disadvantaged Business Utilization](#) The Mission of this office is to provide maximum opportunities for small businesses to participate in USDA contracting activities. <http://www.usda.gov/osdbu/>

[Business.gov](#) the official business link to the U.S. Government, is managed by the [U.S. Small Business Administration \(SBA\)](#) in a [partnership with 21 other federal agencies](#)

[FirstGov.gov](#) and [FirstGov En Español](#) As the U.S. government's official web portal, FirstGov.gov makes it easy for the public to get U.S. government information and services on the web. FirstGov.gov also serves as the catalyst for a growing electronic government.



ALCOHOL BEVERAGE LICENSE APPLICATION CHECKLIST

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

PLEASE REFER TO THE ALCOHOL BEVERAGE LICENSE INFORMATION SHEETS FOR DETAILED INFORMATION.

I. MUST BE COMPLETED PRIOR TO SCHEDULING BEFORE THE LICENSES COMMITTEE:

- ☐ a. Submit Application (including detailed floor plan), Proof of Ownership, Lease or Offer to Purchase the Building and a menu (if applicable) to License Division
- ☐ b. Pay \$10.00 Publication Fee
- ☐ c. Post Notice of Public Interest and return the Statement of Notice of Public Interest Posting to License Division
- ☐ d. Report for Fingerprinting
- ☐ e. Receive letter regarding and complete police interview
- ☐ f. Contact Alderman's Office/address neighborhood concerns
- ☐ g. License Division receives police report

II. APPROVAL/DENIAL:

- ☐ a. Receive notice for and attend License Committee Meeting (*Attendance required*)
- ☐ b. Common Council Meeting (*Attendance is not required*)

III. COMPLETE ANYTIME PRIOR TO ISSUANCE OF THE LICENSE:

- ☐ a. Contact Health Department
- ☐ b. Contact Neighborhood Services

***The License Division must receive a faxed release from the Health Department and Neighborhood Services before your license will be issued.
A verbal approval from an inspector is not acceptable.***

- ☐ c. Occupancy Permit *
- ☐ d. State Sellers Permit *
- ☐ e. Corporation/LLC Register with Department of Financial Institutions *
- ☐ f. Non-Profit Organizations Register with Internal Revenue Service, Dept. of Treasury *

****See Alcohol Beverage License Information sheets (ccl-119)
for important information regarding these items.***

- ☐ g. Pay License Fees
- ☐ h. Responsible Beverage Server Course

IV. ALSO REMEMBER TO:

- ☐ a. Post License in a conspicuous place in your establishment
- ☐ b. Report in writing any changes regarding your application to the License Division within 10 Days
- ☐ c. Renew each year by the "File By" Date on the Renewal Information Sheets to ensure that there is not a lapse in your license

Please Note: The minimum processing time for an application is 5-6 weeks.



ccl-100a (05/11)

CITY OF MILWAUKEE AUTHORIZED REPRESENTATIVE STATEMENT

This form is only required if you wish someone other than yourself (or your partner or the agent and/or officers/members of your Corporation/LLC) to pick up your license(s),

To the City of Milwaukee - License Division:

I, _____
(Name of individual, partners, or agent of corporation or LLC)

(Name of Corporation or Limited Liability Company)

_____ licensee
(License Type)

at _____
(Premise Address, if applicable)

Authorize the following individual(s) to pick-up my licenses:

1) Full Name: _____ DOB _____

Address (include city/state/zip): _____

Phone # _____

2) Full Name: _____ DOB _____

Address (include city/state/zip): _____

Phone # _____

3) Full Name: _____ DOB _____

Address (include city/state/zip): _____

Phone # _____

4) Full Name: _____ DOB _____

Address (include city/state/zip): _____

Phone # _____

Name: _____
(individual, partner, agent, officer or member)

Signature: _____ Date: _____

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____, 20____; ;
ending _____, 20____

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY
Aldermanic District No. _____

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY
☐ CORPORATION ☐ NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual /partners give last name, first, middle; corporations/ limited liability companies give registered name): ▶ _____

An " **Auxiliary Questionnaire,**" Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence for each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary /Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/ Managers	_____	_____	_____

3. Trade Name ▶ _____ Business Phone Number _____

4. Address of Premises ▶ _____ Post Office & Zip Code ▶ _____

5. Is individual, partners or agents of corporation/ limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☐ No

6. Is the applicant an employee or agent of , or acting on behalf of anyone except the named applicant? ☐ Yes ☐ No

7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?... ☐ Yes ☐ No

8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☐ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☐ No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in section 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____

10. Legal description (omit if street address is given above): _____

11. (a) Was this premises licensed for the sale of liquor or beer during this past license year?..... ☐ Yes ☐ No

(b) If yes, under what name was license issued? _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☐ Yes ☐ No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [(608) 266-2776]. ☐ Yes ☐ No

14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?..... ☐ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____, 20____

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Clerk/Notary Public)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My Commission Expires _____

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk	License number issued	Date license granted

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/>	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/>	\$
Publication Fee	\$
TOTAL FEE	\$

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NON-PROFIT
ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

☐ ORIGINAL APPOINTMENT OF AGENT

☐ SUCCESSOR AGENT (If successor agent, indicate the reason for cancellation and new appointment)

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officers of the corporation/organization or members/managers of a limited liability company, and the recommendation made by the proper local official.

To the governing body of: City of Milwaukee County of Milwaukee

The undersigned duly authorized officer(s)/members/managers of _____
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premise
known as _____ (trade name)

located at _____

appoints _____
(full legal name of appointed agent)

(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? ☐ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☐ No

How long immediately prior to making this application has the agent resided continuously in Wisconsin? _____

Place of residence last year (Address) _____

For: _____
(name of corporation/organization/limited liability company)

By: _____
(signature of officer/member/manager)

And: _____
(signature of officer/member/manager)

ACCEPTANCE BY AGENT

I, _____ hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

(signature of agent) Date: _____ Agent's age: _____

(home address of agent) Date of birth: _____

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY

(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____
(date) (signature of proper local official) Title (Town chair, Village president, police chief)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)			Social Security Number	
Home Address (street/route)	Post Office	City	State	Zip Code
Home Phone Number	Age	Date of Birth	Place of Birth	

The **above named individual** provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

The **above named individual** provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? _____
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☐ No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? ☐ Yes ☐ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☐ No
If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☐ No
(If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this _____ day of _____, 20 _____

(Clerk/Notary Public) (Signature of Named Individual)

My commission expires _____

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)			Social Security Number	
Home Address (street/route)	Post Office	City	State	Zip Code
Home Phone Number	Age	Date of Birth	Place of Birth	

The **above named individual** provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

The **above named individual** provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? _____
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☐ No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? ☐ Yes ☐ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☐ No
If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☐ No
(If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this _____ day of _____, 20 _____

(Clerk/Notary Public) (Signature of Named Individual)

My commission expires _____

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)			Social Security Number	
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- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

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- (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? ☐ Yes ☐ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☐ No
If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☐ No
(If yes, identify.) _____
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Subscribed and sworn to before me

this _____ day of _____, 20 _____

(Clerk/Notary Public) (Signature of Named Individual)

My commission expires _____

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)			Social Security Number	
Home Address (street/route)	Post Office	City	State	Zip Code
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- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
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The **above named individual** provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? _____
(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? ☐ Yes ☐ No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? ☐ Yes ☐ No
(b) Have you ever been convicted of any violations of any county or municipal ordinances? ☐ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
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If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No
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5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☐ No
(If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this _____ day of _____, 20 _____

(Clerk/Notary Public) (Signature of Named Individual)

My commission expires _____

ADDENDUM TO ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

To be completed by the individual, all partners, or the agent of a corporation/limited liability company:

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

You do not need to take the course if you answer yes to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?
☐ Yes ☐ No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin? ☐ Yes ☐ No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin? ☐ Yes ☐ No

**IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE
COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE
LICENSE DIVISION.**

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at www.dor.state.wi.us.

I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

Print name of Individual/Partner/Agent

_____ day of _____ 20____

Notary Public, State of Wisconsin

Signature of Individual/Partner/Agent

My Commission expires _____

Notary Seal must be affixed

Office Use Only

Initials _____ Date Filed _____ LICENSE TYPE & NO. _____

City Clerk - License Division
City Hall, 200 E. Wells St., Room 105
Milwaukee, WI 53202
(414) 286-2238 license@milwaukee.gov

ALCOHOL BEVERAGE CORPORATIONS/LIMITED LIABILITY COMPANY - STATEMENT OF STOCK OWNERSHIP

This statement is required of all corporations or limited liability companies applying for an Alcohol Beverage License in the City of Milwaukee (see Sec. 90-7(2) Milwaukee Code). All persons who individually own 10% or more of the total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. NOTE: Penalties for submitting false statements or affidavits are provided in Sec. 90-5(2) of the MCO.

Print Legibly or Type

Name of Corporation/LLC: _____

Address of Licensed Premises: _____

STOCKHOLDERS

Stockholder #1

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #2

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #3

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #4

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #5

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

(if more space is required, attach additional sheets in duplicate)

We understand that transfers of stock must be reported to the City Clerk within 10 days after such transfer.

Subscribed and sworn to before me this

_____ day of _____, 20_____

Signature of Officer of Corporation/Member of LLC

Notary Public, State of Wisconsin

Signature of Officer of Corporation/Member of LLC

My Commission expires:_____

NOTARY SEAL MUST BE AFFIXED



PLAN OF OPERATION

(1) ► IDENTIFY TYPE OF BUSINESS. (Choose all that apply)

Type I -

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Cafe/Coffee Shop | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input type="checkbox"/> Night Club | <input type="checkbox"/> Tavern | <input type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Teen Club |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Hotel | <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Sports Facility |

Type II -

- | | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Corner Store | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Other _____ | | |

(2) ► IDENTIFY WHERE PREMISES IS LOCATED.

- ☐ Free Standing Building ☐ Strip Mall ☐ Other _____

(3) ► DESCRIBE PREMISES STRUCTURE.

- ☐ Single Story ☐ Multi-Story - # of Stories _____ ☐ Other _____

(4) ► DESCRIBE SURROUNDING AREA.

- ☐ Commercial ☐ Residential ☐ Industrial ☐ Other _____

(5) ► IDENTIFY PREMISES LOCATION.

- (a) ☐ Major Thoroughfare ☐ Secondary Street ☐ Other _____
- (b) ☐ Nearest Cross Street _____

(6) ► IDENTIFY LEGAL CAPACITY OF PREMISES (DOES NOT INCLUDE PREMISES IDENTIFIED AS TYPE II IN QUES. #1)

_____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

(7) ► IDENTIFY NUMBER OF PARKING SPACES ON THE PREMISES.

_____ (Do not include street parking, if none, write "0")

(8) ► IDENTIFY PROXIMITY OF PREMISES TO CHURCH, SCHOOL OR HOSPITAL.

Is there at least 300 feet between the building and any church, school or hospital? ☐ Yes ☐ No

(9) ► DESCRIBE PERCENTAGE OF SALES.

- | | |
|--|---------------------------------------|
| a) Alcohol Sales (if applicable) _____ % | c) Food Sales (if applicable) _____ % |
| b) Entertainment Sales _____ % | d) Other _____ % |

(10) ► MISC. BUSINESS QUESTIONS.

- a) Proposed Opening Date: _____
- b) Is this premise under construction? ☐ Yes ☐ No If yes, list estimated completion date: _____
- c) Is this a franchise? ☐ Yes ☐ No
- d) Is this premises currently licensed? ☐ Yes ☐ No If yes, list type of license: _____
- e) Is the current licensee operating? ☐ Yes ☐ No If no, list date closed: _____
- f) What other types of licenses/permits will you or do you hold at this location? (check all that apply)
- ☐ Occupancy Permit ☐ Cigarette & Tobacco ☐ Gas Station ☐ Extended Hours
- ☐ Other: _____
- g) Do you have future plans for other businesses, licenses or permits at this location? ☐ Yes ☐ No
- If yes, explain: _____

(11) ► IDENTIFY HOURS OF OPERATION.

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers (Class B Applicants: If requesting an Age Restriction, provide here) Complete for each day
	Open	Close		
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Indoor Closing Hours – If alcohol beverage establishment, same as alcohol license hours.
If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.

Outdoor Closing Hours – 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday;
unless otherwise approved by Common Council in licensee's plan of operation.

(12) ► SECURITY (attach additional sheets as necessary)

a) Is there off-street parking? ☐ No ☐ Yes If yes, describe proposed security provisions _____

Are there designated loading areas? ☐ No ☐ Yes If yes, describe proposed security provisions _____

b) Number of security personnel expected to be on the premises _____ If none, write "0" and skip c through e

c) Security personnel responsibilities _____

d) Equipment used by security personnel _____

e) Security personnel licensing, certification or training credentials _____

f) Do you have security cameras? ☐ No ☐ Yes If yes, list locations _____

g) Will searches or identification verification be conducted upon entry?
☐ No ☐ Yes describe: _____

(13) ► FOOD

Will food be served on the premises? ☐ No ☐ Yes If yes, a Food Dealer license is required.

Check all that apply:

☐ Prepackaged Food ☐ Snacks ☐ Appetizers ☐ Catered Events

☐ Full Meals – Hours of Food Service: From _____ To _____

A menu must be submitted with this Plan of Operation for all restaurants.

(14) ► LITTER AND NOISE (attach additional sheets as necessary)

- a) Description and locations of designated outdoor smoking areas _____
- b) Number of garbage cans outside _____ where are they located? _____
 Number of garbage cans inside _____ where are they located? _____
- c) Do you use a crowd control barrier? ☐ No ☐ Yes If yes, describe _____
- d) Description of sanitation facilities (restrooms) _____
- e) Who will clean the premises? ☐ Licensee ☐ Building Owner ☐ Employees ☐ Hired Maintenance ☐ Other: _____
- f) How often will the premises be cleaned? ☐ Daily ☐ Weekly ☐ Other: _____
- g) Name of solid waste contractor hired by the applicant _____
- h) How will noise issues be addressed? (check all that apply) ☐ Security ☐ Manager approaches customer(s)
☐ Call Police ☐ Signs Posted ☐ Other: _____

(15) THIS SECTION TO BE COMPLETED BY ALCOHOL APPLICANTS ONLY.

- a) Property Owners Name: _____ Phone Number: _____
 Address: _____
- b) Are you taking out this application for anyone that may not be eligible for a license? ☐ No ☐ Yes
 If yes, list name and address: _____
- c) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?
☐ No ☐ Yes
 If no, list the name and address of the person(s) who will: _____
- Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.
- d) Does anyone else have money invested or any other interest in this business? ☐ No ☐ Yes
 If yes, explain: _____
- e) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? ☐ No ☐ Yes If yes, list name and address: _____
- f) Will any of the following types of businesses be conducted at this location? (check all that apply)
☐ Bed & Breakfast ☐ Billiard/Pool Hall ☐ Comedy Club ☐ Indoor Golf Facility
☐ Video Game Center(6 or more games) ☐ Brew Pub ☐ Volleyball Court ☐ Theater ☐ Wine Tasting Room
☐ Department Store ☐ Pharmacy ☐ Gift Shop ☐ Museum ☐ Center for the Visual & Performing Arts
- g) If applying for Class B or C license, are you applying for "Service Bar Only"? ☐ No ☐ Yes
 Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

(16) TYPE OF BUSINESS

Briefly describe the type of business you plan to operate if granted a license (attached additional sheets as necessary.)

(17) PROOF OF OWNERSHIP, LEASE OR OFFER TO PURCHASE

Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.

A lease or office to purchase must:

- a) Be in the same legal entity name as that apply for the license
- b) Reflect the same address as the premises address on this application
- c) Reflect current dates and
- d) Be signed by the lessor/seller and lease/buyer

(18) PROPERTY INFORMATION

- a) Do you own or lease the building? ☐ Own ☐ Lease
- b) Who owns the fixtures (for example, coolers, etc.)? _____
- c) Are you purchasing the stock and/or fixtures? ☐ No ☐ Yes If yes, amount paid \$ _____
- d) Total amount paid for business \$ _____
- e) Total amount paid for goodwill of the business \$ _____
 Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.
- h) Have you made arrangements with the seller for payment of personal property taxes? ☐ No ☐ Yes

(19) IF YOU LEASE THE BUILDING, COMPLETE THIS SECTION

- a) Date lease begins _____ Ends _____
- b) Monthly rental \$ _____
- c) Do you have an option to renew the lease? ☐ No ☐ Yes
- d) Does your lease allow for assignment to another party without the consent of the owner? ☐ No ☐ Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? _____
- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? ☐ No ☐ Yes If yes, explain _____
- g) Does the present owner or occupancy object to the granting of your license? ☐ No ☐ Yes
 If yes, explain _____

(20) CHANGE OF AGENT APPLICATIONS ONLY

Have there been any changes to the floor plan since the last application was submitted? ☐ No ☐ Yes
 In no, a new floor plan is not required. If yes, explain the change(s) _____
 and submit a new floor plan.

(21) ► NOTARIZED SIGNATURES OF APPLICANTS.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20____
 Individual/Agent of Corp. or LLC/Partner

 Notary Public, State of Wisconsin

 President of Corp/Member of LLC/Partner

My commission expires _____
 Notary seal must be affixed

 Secretary of Corp/Add'l Member/Partner

Note: All information contained in this application is subject to approval by the Common Council.

Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.

Contact the License Division for information on how to request changes.

The following must be submitted with this Plan of Operation:

- ☐ Proof of ownership, lease or offer to purchase the building
- ☐ Detailed floor plan
- ☐ If a restaurant, copy of the menu

If you do not provide all required information, your application will be returned to you.

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items as listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch size paper.
- A separate sheet of paper must be filed for each floor where business will be conducted.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

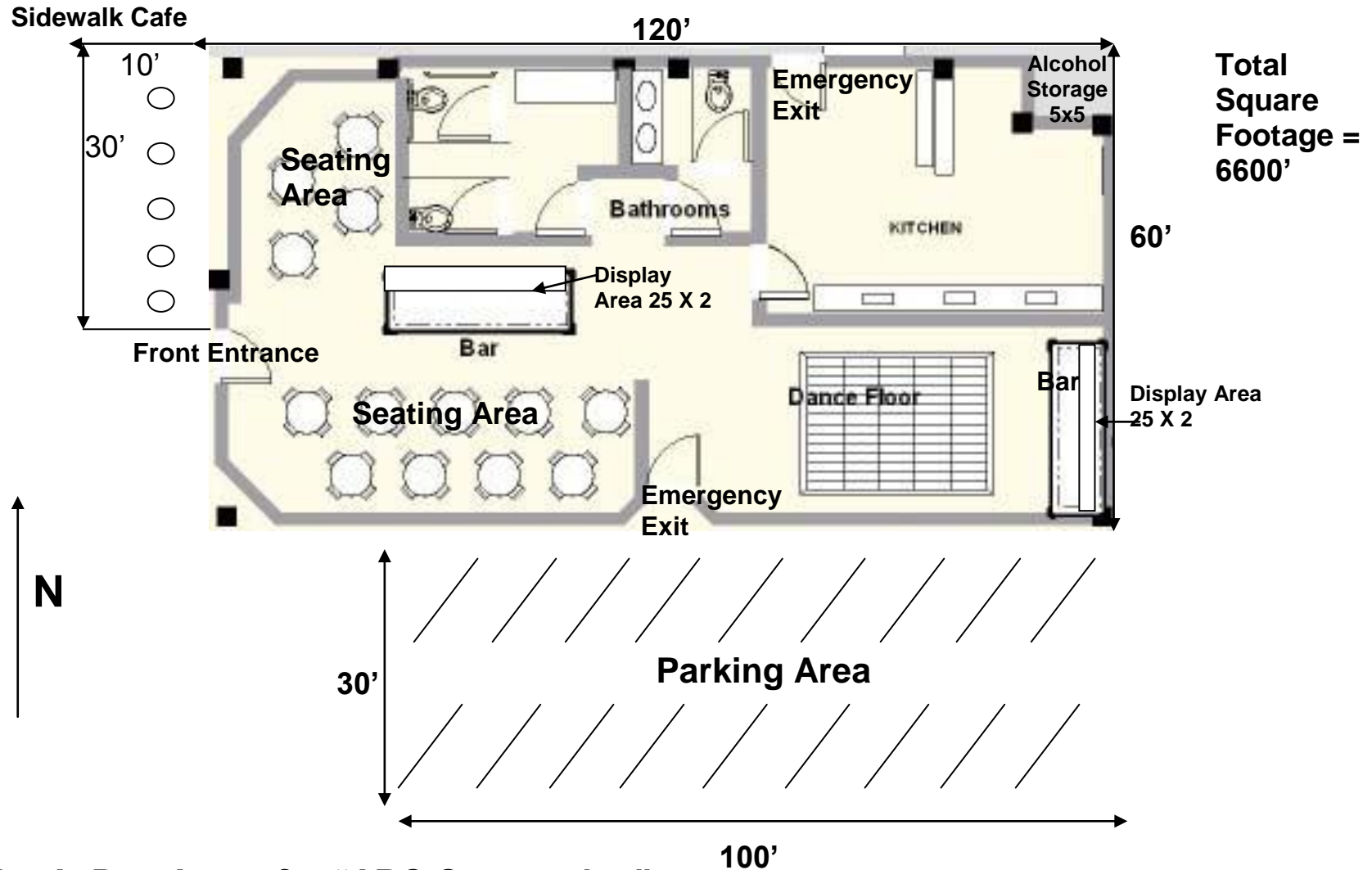
The floor plan must include all of the following:

1. ☐ Dimensions of the premises (length x width) and
☐ Total square feet of the premises
2. ☐ Label all entrances and exits
3. ☐ Label all parking areas on the premises (do not include street parking) This is required even if the parking is shared, for example, a strip mall and
☐ Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
4. ☐ Label all seating areas, food preparation areas and bars (as applicable)
5. ☐ Mark the North point (N↑) on each page
6. ☐ Write the date on each page
7. ☐ Write the legal entity name (and agent's name if a corporation or LLC) on each page
8. ☐ Write the trade (business) name on each page
9. ☐ Write the premise address on each page

Alcohol applicants only:

1. ☐ Even if the basement is used for alcohol storage only, a floor plan of the basement is still required.
2. ☐ Label all alcohol storage areas (coolers, etc.) and
☐ Provide dimensions (length x width) of the alcohol storage areas
3. ☐ Label all alcohol display areas (behind the bar, shelves, etc.) and
☐ Provide dimensions (length x width) of the alcohol display areas
4. ☐ Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes and
☐ Provide the dimensions (length x width) of all outdoor areas used for the sale and service of alcohol beverages

Floor Plan Sample: Please see page 5 of the Plan of Operation for a list of all items that **must** be included. **Reminder: The areas for Alcohol Beverage Storage and Display must be included and the dimensions must be given.** **This includes basement storage.**



John A. Doe Agent for "ABC Corporation"

"My Bar"

122 Any Street

Date: June 1, 2005

ccl-119d



PUBLIC ENTERTAINMENT PREMISES APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV
WWW.MILWAUKEE.GOV/LICENSE

A	(1) ► IDENTIFYING TYPE OF ENTITY APPLYING FOR LICENSE.
	Check (v) one and complete all required sections: <input type="checkbox"/> INDIVIDUAL: (Complete Sections B, D, F, G and Entire Plan of Operation) <input type="checkbox"/> PARTNERSHIP: (Complete Sections B, C, D, F, G and Entire Plan of Operation) <input type="checkbox"/> CORPORATION OR LLC: (Complete Sections D, E, F, G and Entire Plan of Operation)
	(2) ► IF ALSO AN ALCOHOL BEVERAGE APPLICANT/LICENSEE.

I certify that all persons listed on the alcohol beverage application are identical to those persons applying for the public entertainment premises. Initial _____ and complete sections F & G only (and Entire Plan of Operation)

B	► INDIVIDUAL APPLICANT OR PARTNER 1.	C	► PARTNER 2.
	Full Legal Name (Last, First & Middle Initial)		Full Legal Name (Last, First & Middle Initial)
	Home Street Address		Home Street Address:
	Home City, State, Zip Code:		Home City, State, Zip Code:
	Home Phone Number: () -		Home Phone Number: () -
	Date of Birth:		Date of Birth:

D	(1) ► IDENTIFYING BUSINESS TRADE NAME AND ADDRESS.	
	Business Trade Name:	Business Phone Number: () -
	Address of Premises to be licensed (include City, State, Zip code):	
	Business email address:	
	(2) ► IDENTIFYING OPTIONAL MAILING ADDRESS.	
	Mailing Address (include City, State, Zip code):	

E	(1) ► IDENTIFYING NAME OF CORPORATION OR LLC.	
	Full Name of Corporation or Limited Liability Company:	
	(2) ► AGENT OF CORPORATION OR LLC.	
	Full Legal Name (Last, First & Middle Initial):	Home Address (include City, State & Zip Code):
	Home Phone Number: () -	Date of Birth:

Office Use Only:

Initials: _____ Filed: _____ App #: _____ Permit #: _____ Granted: _____ Issued: _____

F continued	► IDENTIFY IF SOUND AMPLIFICATION IS USED.
	<input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____
	(2) ► IDENTIFY LEGAL CAPACITY OF PREMISES
	_____ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)
G	► PUBLIC ENTERTAINMENT PREMISES – FEES.
	<p>Fees for the public entertainment premises license are based on the capacity of your establishment or if your establishment type does not require a capacity a set fee is established.</p> <p>25 or fewer persons, or Class A premises without a specified capacity: \$150.</p> <p>26-79 persons: \$250.</p> <p>80-99 persons: \$375.</p> <p>100-149 persons: \$500.</p> <p>150-179 persons: \$700.</p> <p>180-299 persons: \$1,000.</p> <p>300-499 persons: \$1,500.</p> <p>500 or more persons: \$2,000.</p>
G	(1) ► DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.
	<ol style="list-style-type: none"> 1. The undersigned understands that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. 2. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. 3. The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information. 4. The undersigned has knowledge of the City Ordinances currently regulating the public entertainment, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicant violates any rule, law or regulation of the city of Milwaukee and State of Wisconsin.
	(2) ► NOTARIZED SIGNATURES OF APPLICANTS.
	<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Notary Public, State of Wisconsin</p> <p>My commission expires _____</p> <p>Notary seal must be affixed</p> </div> <div style="width: 45%;"> <p>_____ Individual/Agent of Corp. or LLC/Partner</p> <p>_____ President of Corp/Member of LLC/Partner</p> <p>_____ Secretary of Corp/Add'l Member/Partner</p> </div> </div>

Plan of Operation must be submitted with this application.

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number

Period Covered

Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)

Federal Employer Identification No. (FEIN)

Trade or Business Name (if different than Legal Name)

Telephone Number
()

Business Address (Permit Location)

Business Located In

☐ City ☐ Village ☐ Town

Business Telephone
()

City

State

ZIP Code

of: _____

County

Mailing Address (if different than Business Address)

City

State

ZIP Code

Organization (check one)

☐ Sole Proprietor

☐

☐ Partnership

☐ Out-of-State Corpyou registered to do business in Wisconsin?

☐ YES

☐ NO

☐ Corporation

Wisconsin Corporation - Enter date incorporated: _____

☐ YES ☐ NO

1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☐ YES ☐ NO

2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)

☐ YES ☐ NO

3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☐ YES ☐ NO

4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)

☐ YES ☐ NO

5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?

☐ YES ☐ NO

6. Does the applicant understand that they may not sell single cigarettes?

☐ YES ☐ NO

7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☐ YES ☐ NO

8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold

☐ over counter

☐ through vending machine

☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this _____ day of _____, 20 _____

(Clerk / Notary Public)

My commission expires _____